0	PI

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

Second Semester May 24 to State Superintendent

First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0377 Jordan Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1211 Yes BILLING, TOM 12.00 1 1220 Yes MURNION, CARRIE 2.25 1 1228 Yes ROUFLEY, ALROY 0.55



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES:

First Semester February 1 to County Superintendent February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning			, 20 and ending		_, 20	
	month	day	month	day		
CERTIFICATION:						

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:

17 Garfield 0378 Garfield County H S **High School**

District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
CO	1210	No	BEECHER, GLEN	3.50	Transported
CO	1210	Yes	BILLING, TOM	9.25	
CO	1211	No	COLDWELL, JASON	10.00	
			· · · · · · · · · · · · · · · · · · ·		
CO	1213	No	EDWARDS, ROSE M	9.25	
CO	1214	No	GIVSON, SANDY	9.25	
CO	1215	No	GREEN, DENNIS	1.50	
CO	1216	No	HILL, SCOTT L	2.50	
CO	1217	Yes	JOHNSON, MARK	9.25	
CO	1218	No	LaPhilliph, Irma E	0.90	
CO	1219	No	LOSINSKI, MIKE	9.25	
CO	1220	Yes	MURNION, CARRIE	2.25	
CO	1221	Yes	MURNION, ZANE	3.12	
CO	1222	No	PHIPPS, MARGIE	2.50	
CO	1223	No	PLUHAR, ALAN	1.00	
CO	1224	No	PHUHAR, DENNIS	9.25	
CO	1226	No	ROGGE, RONDA	9.25	
CO	1227	No	ROSS, SPARKY & DIXIE L	2.50	
CO	1228	Yes	ROUFLEY, ALROY	0.55	
CO	1229	Yes	SHAWVER, TAMMY	9.25	
CO	1230	No	TAYLOR, DALLAS & MARLYS	9.25	
CO	1231	Yes	THOMAS, DEB	9.25	

0	PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0380 Big Dry Creek Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 10 1221 Yes MURNION, ZANE 3.13 10 1232 No BLISS, JEANA 6.00 10 1233 No PHIPPS, COLLEEN 0.001234 MURRAY, ANGELA 10 8.50 No

0	PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0382 Van Norman Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 15 1235 No **BILLING, JUDY & MONTY** 2.50 15 1236 No **BOLLINGER, SIDNEY** 2.50 15 1237 No MCRAE, BRENT & HILLARI 0.25 1238 GIBBS, ROBERT 15 1.00 No

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0385 Pine Grove Elem 17 Garfield Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 19 1229 Yes SHAWVER, TAMMY 6.00 19 PHIPPS, TIM 1240 No 6.15 19 1241 No CHAMBERLIN, ROGER & ANGIE 2.30 19 1242 RAAB, DOUG & TRACY No 1.50 19 1243 CLARK, BARBARA L 2.75 No

0	PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0386 Kester Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 23 1231 Yes THOMAS, DEB 12.00 COLDWELL, JOHN & TERRI 23 1239 No 0.40

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0387 Cohagen Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 27 2354 No Morrison, Lisa 4.50

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0388 Benzien Elem 17 Garfield Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 30 1217 Yes JOHNSON, MARK 18.00 ROGGE, RONDA 30 1225 No 8.50

0	PI	

17 Garfield

Contract

#

1244

Shared

No

District

#

42

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

0392 Sand Springs Elem

WOODARD, JULIE

School District Claim for State Reimbursement for Individual and Isolated Transportation

Elementary

Daily

Rate

3.50

State	
District	
County	

of Days

Transported

	Helena, MT 59620-2501	individual and isolated Transportation	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent	
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:			
This claim	is for the period beginning	, 20 and ending, 20	
	month day	month day	
CERTIFICATION:			
The inform	nation on this form is complete and accurate to the best of my ki	nowledge.	
Date	Signature, Chair, Board of Trustees		
County:	District:	District Level:	

Family's Name

0	PI	

County:

#

52

17 Garfield

District Contract

#

1245

Shared

No

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

District:

COLLINS, DIANNE J

0394 Ross Elem

School District Claim for State Reimbursement for Individual and Isolated Transportation

District Level:

Elementary

Daily

Rate

5.00

State	
District	
County	

of Days

Transported

	Helena, MT 59620-2501			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent		Second Semester May 10 to County Superintendent May 24 to State Superintendent	
COMPLE	TE THIS CLAIM FOR STATE REIMBUR	SEMENT FOR	INDIVIDUAL AND ISOLATE	D TRANSPORTATION:
This claim	is for the period beginning month	, 20	and ending month	, 20 day
CERTIFIC		uuy	month	uay
	nation on this form is complete and accurate to the bes	t of my knowledge.		
Date	Signature, Chair, Board of T	rustees		

Family's Name